

Kentucky Department of Insurance
Division of Consumer Protection and Education
P.O. Box 517, Frankfort, KY 40602-0517
Toll-Free: 1-800-595-6053
Consumer Protection: (502) 564-6034, Fax: (502) 564-6090

Consumer Complaint Form

PLEASE NOTE: In order to assist you, we need a detailed summary of the problem from your perspective, in addition to the information below. Attach more sheets as needed. Please type or print. Please attach copies of any documents related to your complaint. Do not send originals. For tips on items to include, please see the general information sheet.

1. Your Name _____ Daytime Telephone _____

2. Address _____ City, State, Zip _____

3. Type of Insurance Involved (*please circle one*):

Auto Homeowner's Life Health **Disability**

Workers' Compensation Commercial Other, please specify _____

4. My complaint is against (*please circle all that apply*):

Insurance Company Adjuster Agent Other

If you are filing a complaint on behalf of another person, what is your relationship to the policyholder/ insured? _____

5. The involved insurance company is associated with (*please circle one*):

Your policy Someone else's policy

6. Information on **my** policy: (*complete any that apply*)

Insurance Company: _____

Policy Number: _____

Group Number: _____

ID Number: _____

Agent's Name: _____

